



Summer/ Fall 2010

Office of Cultural Competence and Ethnic Services

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Gender and Unconscious Bias in the Health Professions

By Veronica Kelley, DBH Cultural Competency Officer

Gender bias typically stems from the perceived mismatch between the "typical woman" (or the "typical man") and the requirements of jobs that historically were held by men such as professor, scientist, and investment banker or by women, such as teacher, nurse, hairdresser. In fact, many of the historically male dominated jobs are still held predominantly by men. For example, tenure-track jobs at research institutions are still 70-80% male.

A great deal of research has been done that concludes that there is gender bias in the health professions, and it usually focuses on the bias against women, particularly with regards to promotions to managerial positions. In a 2004 research study by Bickel (J Acad. Psych, 28:285-91) it was demonstrated that both men and women rated the quality of men's work higher than that of women, when they were aware of the persons gender. Additionally, female postdoctoral applicants have to be 2.5 times more productive than men to receive the same competence scores (Wenneras & World nature, 1997:387:341-3). But not all bias is against women.

When looking at women in academia, specifically those that are pursuing a doctoral degree in the health professions, such as a PhD in psychology, culture plays an important part of one's success. Like in

all aspects of life, a person needs to know what is expected of them in order to achieve. For example, when taking a drivers examination, a student driver is usually aware they need to get 39 out of 46 questions correct or they won't get their permit. The student is schooled in the culture of driving. In the same sense, women in academia are many times operating under the assumption that they understand the culture of academia, but more often than not, they overlook key factors. Todd etal, (Sex Roles, 2008;59:765 -75) found that male faculty have a more realistic understanding of how their research is evaluated, rate the importance of research in their careers highly and are more likely than women to work extra hours by choice. Women faculty on the other hand are more likely to work extra hours due to teaching loads and rate the importance of teaching more highly than the men. Clearly, the women in the studies put more credence in aspects of academia that they, from a cultural perspective, believe held more value, than those actually evaluating them. Women's accomplishments in academia are less visible because they are more relational, whereas many men in academia have accomplishments that include a tangible product, such as research.

Similarly, according to the authors of the

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Gender and Unconscious Bias in the Health Professions cont.

“The ability to identify gender bias patterns is the first step toward ensuring that gender bias does not negatively impact your career.”

2006 Report of the National Academy of Sciences, “Beyond Bias and Barriers: Fulfilling the Potential of Women in Academic Science and Engineering,” there is an exclusion of many talented women from the scientific fields of physics, engineering, computer and mathematics. It also states that this is a direct “threat to our nation’s competitiveness.” This report concludes that women in the hard sciences are also victims of “a widespread bias in Science and Engineering.” The authors suggest that “only sweeping changes in the culture and structure of academic science could lead to a larger representation of women in the scientific fields, and to do this there should be workshops to educate federal and academic personnel about unconscious bias and how to combat it.”

Not all gender bias is against women. In the nursing field, gender bias against men is more the norm than the exception. Studies have demonstrated that gender bias and discrimination does occur and that barriers men face in nursing school are “pervasive, consistent and have changed little over time” (O’Lynn, J Nurs Ed. 2004;43(5):229-236). In fact over 89% of the respondents from that study reported

hearing anti-male remarks made by faculty in the classroom.

Men are the minority as nursing students as well as nursing instructors and mentors. The typical nursing faculty is Caucasian, female and in her 40-50’s. She is likely to have a very different world view than a male student and is more likely to value feminine attributes of the nursing profession. Discrimination is not likely conscious, but may inadvertently impact behaviors that perpetuate gender bias

The ability to identify gender bias patterns is the first step toward ensuring that gender bias does not negatively impact your career. The other critical piece is to develop strategies to combat bias when you face it. Dialogue to address differences in learning, caring and teaching behaviors across genders is needed. Counter-stereotypic training has been determined to be effective in reducing gender bias (Kawakami et al(J Exp Soc Psych 2005;41:68-75). At the very least, consideration of unconscious gender bias brings the idea to a conscious level, allowing for action.

For more information on gender bias, please go to www.genderbiaslearning.com.

“The effort was designed to increase awareness of mental illness among diverse communities nationwide and to stress the importance of mental health promotion for all.”

Celebrating Mental Health in Diverse Communities Webinar

By Benita Ramsey, PEI Community Liaison

In conjunction with Bebe Moore Campbell National Minority Mental Health Awareness Month, the Office of Cultural Competency along with NAMI affiliates across the country participated in a Celebrating Mental Health In Diverse Communities webinar series. The effort

was designed to increase awareness of mental illness among diverse communities nationwide and to stress the importance of mental health promotion for *all*. Part I focused on Latino and American Indian communities and was held on July 7th. Part II focused on Asian American, African

Celebrating Mental Health in Diverse Communities Webinar cont.

American, and LGBT communities on July 28th. A few of the highlights include: Seprieono Locario, National Indian Health Board who focused on the complexities of accessing mental health care for American Indians/ Alaskan Natives and the implications as it relates to historical trauma and cultural displacement. To have real impact, the Indian Health board applied an Integrated Health Care Model and the "Spirit" Community Mobilization Model as effective tools for raising awareness rooted in community traditions. Spirit is designed to build on the values of native culture and the role of Elders in Community healing and mobilization. Dr. Sal Nunez Psychologist of Instituto Familiar De La Raza connected the Ritual of drumming and its thread among all the cultural communities. Nunez uses a therapeutic Drumming program for Latinos who have experienced psychological, physiological, and spiritual injury. Centered in Southern Native American and Afro-Caribbean cultural roots, the drumming circles includes use of herbal medicine, it acknowledges traditions and spirit, and storytelling to stimulate an enhanced sense of self integration, well being, relaxation, peace, emotional release, and cleansing for participants. **Empowering the Parent Team** is a FREE five-week Professional Parent Advocacy Training program for parents, grandparents, foster parents, adoptive parents, and other caregivers by the New Jersey Parents Caucus. This program has proven to be effective with African American Parents and caregivers. Participants attending the training are given the opportunity to strengthen their knowledge of the systems

that serve their families, their rights and responsibilities within those systems, and the advocacy, professional, and collaborative skills needed to successfully negotiate those systems. In the end Parents are better able to advocate for themselves and their communities, resulting in increased access to appropriate care and treatment for all children. The Family Acceptance Project™ uses a range of research methods including in-depth individual interviews with LGBT adolescents and their families, case studies and surveys to understand how family reactions to an LGBT young person affect their physical health, mental health and well being. Dr. Caitlin Ryan found that LGBT young adults who reported higher levels of family rejection during adolescence were: 8.4 times more likely to report having attempted suicide; 5.9 times more likely to report high levels of depression; 3.4 times more likely to use illegal drugs; and 3.4 times more likely to report having engaged in unprotected sexual intercourse, compared with peers who reported no or low levels of family rejection. As a result of her findings, Ryan suggest that healthy outcomes for LGBT youth are dependent upon raising the awareness levels of their parents and engaging the parents in any treatment plans.

Bebe Moore Campbell, was an accomplished author, advocate, co-founder of NAMI Urban Los Angeles and national spokesperson, who passed away in November 2006. Campbell advocated for mental health education and support among individuals with mental illness and their families.

"Dr. Caitlin Ryan found that LGBT young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide."

Early Learning Sets the Foundation for a Lifetime: *Parental involvement in early learning benefits kids and teachers*

By First 5 San Bernardino

It is well established that providing children with quality early learning is essential in developing the language, cognitive, and social skills they need to suc-



ceed in school and in life. This is why early learning teachers play a significant role in nurturing young children's growth and fostering a love of learning.

First 5 San Bernardino County offers parents the following tips to help support teachers and

providers in their goal to support healthy development and help kids build a solid foundation for success.

Get Involved

Teachers and providers always appreciate when parents are actively involved in their kids' education.

- Talk to your children every day about their day at school and what they learned.
- Attend open houses, PTA meetings, and parent-teacher conferences to build a strong relationship with your child's teacher.

Communicate Often

It can be challenging for busy parents to speak with teachers often, but there are other ways to maintain regular contact.

- Introduce yourself at least once in person and check in when you can through e-mail, written notes, or phone calls, depending on the teacher's preferences.
- Keep track of your children's progress, even if they are performing well. Teachers like to hear from parents and know they are engaged in their child's education.

Read Daily

Reading aloud to your children every day helps them develop skills for school success.

- Encourage your children's interest in books by talking about stories that they like and providing books they will enjoy.
- Take time to enjoy a book yourself. Kids learn by example, so if they see you reading, they will want to read, too!

For more information about early childhood education, contact First 5 San Bernardino at (909) 386-7706 or www.first5sanbernardino.org and www.first5california.com/parents.

About First 5 San Bernardino

Research shows that a child's brain develops most dramatically in the first five years and what parents and caregivers do during these years to support their child's growth will have a meaningful impact throughout life. Based on this research, California voters passed Proposition 10 in 1998, adding a 50 cents-per-pack tax on cigarettes to support programs for expectant parents and children ages 0 to 5. First 5 San Bernardino distributes approximately \$25 million a year in Prop. 10 revenues to programs and services that meet local needs.

“Teachers and providers always appreciate when parents are actively involved in their kids’ education.”



Confronting Immigration Challenges in a Nation of Immigrants: A Call for APA Action

To date, immigration, both documented and undocumented, has simplistically been treated as a political and/or economic issue. However, most recently, as the number and visibility of immigrants has increased and as the serious problems faced by immigrants have come to the forefront, the treatment of immigration has evolved to include both social and human issues. Working from this point of view, this article addresses the phenomenon of immigration and the issues associated with it from a variety of social and/or psychological perspectives. However, before addressing these perspectives, immigration is first put into historical and demographic context. The article concludes with selective recommendations on ways to address pertinent problems and issues.

A Historical and General Perspective

The issues and the turmoil associated with immigration have perennially emerged on the American scene. According to Casas (2009), such issues were made most evident by the passage of federal anti-immigration acts and resolutions (e.g., the 1882 Chinese Exclusion Act, the 1965 Immigration Act, the Immigration Reform Act of 1995, the "on" and "off" bracero acts, and California's Proposition 187 in 1994) (Atkinson, 2004). The implementation of "lawful" and unlawful tactics (e.g., immigration and deportation raids) and the commission of racially motivated acts of violence (e.g., lynchings, murders, deprivation of life saving services, etc.) brought the turmoil to the fore (Atkinson, 2004; Falicov, 1998; Gonzalez, 2000).

One could say that all immigration waves produce backlashes of one kind or another, and the latest one is no exception. Illegal immigration, in particular, has become a highly-charged political issue in recent times. It is also a relatively new phenomenon: Past immigration waves did not generate large numbers of illegal immigrants because the U.S. imposed fewer

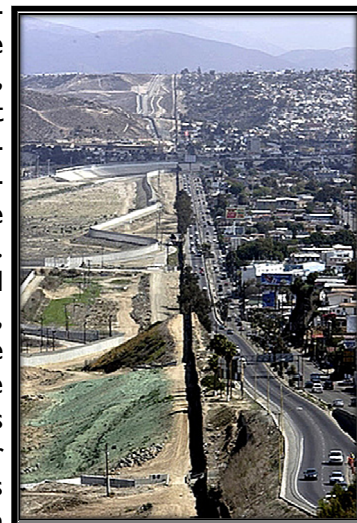
restrictions on immigration flow in the past than it does now.

Some historians have attributed such backlashes to ever-changing economic conditions: When we need cheap labor, "import it", when we don't, "deport it" (Atkinson, 2004). Such simplistic and readily available economic explanations may have been acceptable in the past. However, more recently, social scientists (e.g., Atkinson, 2004) are seeking more comprehensive, and interactive socio-psychological perspectives and hypotheses to better grasp the complexity of issues associated with immigration in the U.S. (e.g., health, education, crime, security, etc.) (Casas, 2009, pp. 13-16).

Concomitant with such perspectives, a belief has surged that immigration is a resonant issue today because it touches so many sensitive nerves: racial anxieties, gnawing questions of national identity, and a generalized sense of traditions under threat (Rutten, 2009). The forcefulness of the issue is such that even in the midst of economic crisis, mass unemployment, war (s), and the healthcare reform debate, it continues to cause turmoil (Rutten, 2009).

Selective Demographic Changes and Data

A major driving force that continues to embroil the prevailing turmoil is the dramatic changes in the immigration demographics that the U.S. is presently confronting. For instance, in 2005, the foreign-born population was nearing 36 million -35% were naturalized citizens, 33% were documented immigrants, and 31% were undocumented. Just a decade earlier, 24 million people in the U.S. were foreign-born, with 30% comprised of naturalized citizens, 47% comprised of documented immigrants, and 20% comprised of undocumented immigrants



"Immigration is a resonant issue today because it touches so many sensitive nerves: racial anxieties, gnawing questions of national identity, and a generalized sense of traditions under attack."

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National Minority Mental Health Awareness Month Proclamation

“One in four adults, approximately 57.7 million Americans, experience a mental health disorder in a given year.”

WHEREAS, In May of 2008 the US House of Representatives proclaimed July Bebe Moore Campbell National Minority Mental Health Awareness Month to enhance public awareness of mental illness, especially within minority communities..

WHEREAS, according to the National Alliance on Mental Illness (NAMI), one in four adults approximately 57.7 million Americans- experience a mental health disorder in a given year. One in 17 lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder and about one in 10 children live with serious mental or emotional disorder;

WHEREAS, the World Health Organization has reported that four of the ten leading causes of disability in the US and other developed countries are mental disorders. By 2020, Major Depressive illness will be the leading cause of disability in the world for women and children;

WHEREAS, according to the 1999 Surgeon General's Report on Mental illness, more than 54,000,000 Americans have a mental disorder in any given year, although fewer than 8,000,000 seek treatment;

WHEREAS, Minorities had less access to and availability of mental health services; minorities are less likely to receive needed mental health services, minorities in treatment often receive poorer quality of mental health care, and minorities are underrepresented in mental health research;

WHEREAS, due to these significant barriers in access, quality and outcomes of care, American Indians, Alaska Natives, African Americans, Asian Americans, Pacific islanders and Hispanic Americans bear a disproportionately high

burden of disability from mental disorders. The Higher burden does not arise from a greater prevalence or severity of illnesses in these populations they are due to less or poorer quality of care;

WHEREAS, nearly two thirds of all people with a diagnosable mental illness do not seek mental health treatment due to stigma, lack of community-based resources, inadequate diagnosis, or no diagnosis;

WHEREAS, there is a need to improve public awareness of mental illness and to strengthen local and national awareness of brain diseases in order to assist with advocacy for persons of color with mental illness, so that they may receive adequate and appropriate treatment that will result in their becoming fully functioning members of society;

WHEREAS, access to mental health treatment and services is of paramount importance;

WHEREAS, the Office of Cultural Competence and Ethnic Services is working in partnership with the Department of Behavioral Health and the Cultural Competency Advisory Committee to increase awareness and public outreach related to mental health services and have established July as Minority Mental Health Awareness Month. The agency's goal is to reduce the barriers to treatment and care of treatable disease such as schizophrenia, bipolar disorder and major depression and minimize unnecessary pain and suffering of those living with mental health issues and those caring for them;

WHEREAS, San Bernardino County is joining the department of Behavioral Health, Office of Cultural Competence and Ethnic Services and the Cultural Competency Advisory Committee in increasing awareness and outreach to minority communities by providing educational materials and programs on prevention and early intervention for mental health issues.

WHEREAS, we acknowledge the importance of promoting good health and

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National Minority Mental Health Awareness Month Proclamation cont.

access to health services as vital to the advancement and quality of life of minorities in San Bernardino County and the US, and we recognize the month of July as National Minority Mental Health Awareness Month.

NOW, THEREFORE, BE IT PROCLAIMED, that the Board of Supervisors of the County of San Bernardino, State of California, does hereby proclaim July

as NATIONAL MINORITY MENTAL HEALTH AWARENESS MONTH.

BE IT FURTHER RESOLVED, that this proclamation be noted in the minutes of the Board and that a copy be presented to the Department of Behavioral Health, the Office of Cultural Competence and Ethnic Services, and the Cultural Competency Advisory Committee.

International Week of the Deaf

International Week of the Deaf is celebrated by the **World Federation of the Deaf (WFD)** and its national associations and their affiliates globally during the last full week of September (Monday through Sunday), culminating with International Day of the Deaf on the last Sunday of the month.

The WFD is an international organization composed of 130 national associations of the deaf that, in collaboration with the United Nations, serves all countries with focus on improving human rights of deaf persons, the status of national sign languages, access to education, and access to information technology and services. The National Association of the Deaf (NAD) represents the United States as an affiliate member of the WFD.

The WFD today encourages its national associations and their affiliates to celebrate International Week of the Deaf by focusing on the theme of Human Rights through Sign Languages. This focus gives greater attention to deaf culture and the achievements of deaf people, portrayed in a positive way. This focus also increases solidarity among deaf people and their supporters, and provides an opportunity to stimulate greater efforts to promote the rights of deaf people throughout the world.

In the United States, celebration of International Week of the Deaf is held throughout the year, not only during the last full week of September. For instance, the NAD took part in the **Midwest DeaFest**, jointly

hosted in August 2009 by four state associations of the deaf. Affiliate organizations or other groups may hold a Deaf Festivals during a given day or month (in April, as an example), or a library may have an exhibit in December in honor of the birth of Laurent Clerc (December 26, 1785) and Thomas Hopkins Gallaudet (December 10, 1787).

Events can also range from a themed exhibit in the corridor of a school to a full week of activities scheduled throughout a given city. Performing artists, lectures, art exhibits, film festivals, historical exhibits, Deaf Festivals, booths in area shopping malls, cultural activities held in conjunction with sporting events -- these are just a sampling of past events held across the nation.

Objectives

- Gain greater understanding of the American deaf and hard of hearing community and its culture and heritage.
- Learn about sign language as an essential human right and how it is growing in popularity across the United States.
- Find out about resources within your community, e.g., sign language classes.
- Discover ways to promote the human rights of deaf people and access to education and technologies.

National Association of the Deaf. (n.d.). *Issues and Resources*.

Retrieved June 1, 2010, from

<http://www.nad.org/issues/american-sign-language/international-week>

Confronting Immigration Challenges in a Nation of Immigrants: A Call for APA Action cont.

“Unsurprisingly, as immigrants settle in non-traditional demographic pockets, the U.S. finds itself confronting new complex social, cultural, and political issues.”

(King, 2007).

At present, while most undocumented immigrants are young adults, there is also a sizeable childhood population. It is estimated that children constitute a significant portion (16%) of the population. In addition, a growing share (73%) of the children of unauthorized immigrant parents were born in this country and are U.S. citizens. With respect to Latino youth, most are not immigrants. Two-thirds were born in the United States, many of them descendants of the big ongoing wave of Latin American immigrants who began coming to this country around 1965 (Passel, 2006; Pew, 2009).

Measured in raw numbers, the modern Latin American-dominated immigration wave is by far the largest in U.S. history. Nearly 40 million immigrants have come to the United States since 1965. From an ethnic national perspective, most documented and undocumented immigrants are from Mexico: 30% of the documented population and 56% of the undocumented population. Immigrants from other countries in Latin America

comprise an additional 35% of the documented population and another 22% of the undocumented population. With respect to immigrants from other parts of the world, King (2007) reports that 26% of the documented immigrant population is from Asia, 14% from Western Europe and another 8% from Africa and other regions. Another 5% of undocumented immigrants come from

South Asia and Southeast Asia. The origin of the remaining 17% of undocumented immigrants is unidentified (King, 2007, p. 2).

The prevalent trend of the last decade has been that inflow of undocumented immigrants exceeded arrivals of legal permanent residents. However, the inflow of undocumented immigrants has slowed significantly since 2005 and now trails the pace of legal immigration (Passel & Cohn, 2008). With respect to Hispanics, another emerging trend is that while the majority of undocumented immigrants continue to concentrate in places with existing large immigrant communities, increasingly such immigrants are settling throughout the rest of the country (Passel, 2005).

Unsurprisingly, as immigrants settle in non-traditional demographic pockets, the U.S. finds itself confronting new complex social, cultural, and political issues (e.g., greater economic and power disparities across groups, the need to provide vital information and services in languages other than English, increase in the number of persons who cannot afford health insurance, and increased reliance on emergency services). These issues will continue to emerge as the U.S. population grows by 120 million people by 2050, of whom about 80 million will be here as the direct or indirect effect of immigration (King, 2007).

American Psychological Association. Commentary.

Retrieved July 8, 2010 from <http://www.apa.org/pi/oema/resources/communique/2010/04/confronting-immigration.aspx>

**The second half of this article will be published in the next CHANGE. Newsletter (Volume 2, Issue 2) .*



July Cultural Competency Excellence Award Recipient

Nathan Trujillo was honored by the Mental Health Commission and Office of Cultural Competence and Ethnic Services with the Cultural Competency Excellence Award in July. Nathan has been a Family Partner for the Victor Community Support Services (VSCSS) TAY Center in Victorville for the last two years. He supports the TAY youth in reaching their goals and acts as an advocate to help them help themselves. Nathan assists with finding resources in the community for LGBTQ youth and has recently started a support group for the TAY. Per his nomination, "Nathan Trujillo is our dedicated TAY Family Partner. He is a strong advocate for our



TAY, working diligently to assure GLBT competency at our site. Nathan provides outreach and engagement to our TAY in a way that is accepting and provides a safe outlet for addressing needs. Nathan has established openness at our TAY center for youth to come forward with their orientation, provides a caring arena to seek support, and has established strong linkages in our community."

Thank you for all you do Nathan!

September Cultural Competency Excellence Award

Patrick McKinstry was chosen to receive the Cultural Competency Excellence award from the Behavioral Health Commission and the Office of Cultural Competence and Ethnic Services in September. Patrick is the President and CEO of the LaBaron Group, one of the DBH Contractors through the PEI program, Resiliency in African-American Children. Per the nomination received by OCCES, "Mr. McKinstry has shown his love for all people across all cultural ethnic groups without disrespect of any persons. His



heart beats for this community and his drive is very strong, very passionate, far beyond that of any other person in his position or class of persons within San Bernardino County. Too often he is not recognized for any contribution that he has done in this community, yet he is more than worthy of recognition. Thank you Patrick, for all of the work you do for the communities of San Bernardino!

Cultural Competency Excellence Award

Do you work with someone who exemplifies Cultural Competency? Someone who is both sensitive and respectful to persons of all cultures, whether colleague or consumer? If so, the Office of Cultural Competence and Ethnic Services would like to formally acknowledge these individuals.

Please fill out the necessary information below, send it back to us and we'll make sure this employee or consumer gets acknowledged in our next newsletter.

Awardees will also be honored at the Mental Health Commission meeting. Thank you.

Nominee's Name: _____

Work Location: _____

Phone #: _____

E-Mail: _____

Why you believe he/she is Culturally Competent:

Example of dedication to Cultural Competency:

Nominated By: _____

Inter-office: 0019

US Mail: 1950 S. Sunwest Lane, Suite 200
 San Bernardino, CA 92415

Email:

cultural_competency@dbh.scbounty.gov



What's Happening...

COUNTY OF SAN
BERNARDINO

DEPARTMENT OF
BEHAVIORAL
HEALTH

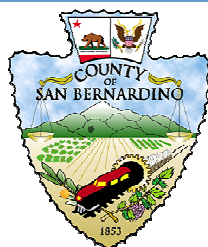
Office of Cultural Competence and
Ethnic Services (OCCES)
Training Institute
1950 South Sunwest Lane, Suite 200
San Bernardino, CA 92415

Phone: 909-252-4001

Fax: 909-252-4088

E-mail:

cultural_competency@dbh.sbcounty.gov



Office of Cultural Competence and Ethnic Services

Community Events...

Cultural Competence Advisory Committee (CCAC)

3rd Thursday of the month

1:00-2:30 PM

BHRC Room F119/120

Info: (909) 252-4001

Inland Empire Disability Resources Expo

October 23, 2010

The Riverside Convention Center

Info: (909) 809-2789

Native American Indian Heritage Month Celebration

November 5, 2010

BHRC Auditorium

Info: Maribel Gutierrez (909) 252-4003

NAMI Family-to-Family Education Program

Every Wednesday through 12/15/10

BHRC Room F119/120

Info: Doris Turner (909) 252-4018

Coalitions and Sub-Committees...

African American Mental Health Coalition

1st Monday of the month

6:30-8:00 PM

Knott's Family Agency

Info: Linda Hart (909) 881-6146

API Coalition

2nd Tuesday of the month

No Meeting in October 2010 due to training

10:00 AM-12:00 PM

Vista Community Counseling

Info: Jennifer Gonzalez (909) 252-4004

Disabilities Sub-Committee

Meeting, times/dates TBA

Behavioral Health Resource Center (BHRC)

Info: Jennifer Gonzalez (909) 252-4004

Latino Mental Health Coalition

4th Thursday of the month

10:00-11:30 AM

El Sol Neighborhood Education Center

Info: Maribel Gutierrez (909) 252-4003

LGBTQ Coalition

4th Wednesday of the month

5:30-6:30 PM

South Coast Community Services, Redlands

Info: Jennifer Gonzalez (909) 252-4004

Native American Sub-Committee

3rd Tuesday of the month

10:00-11:30 AM

Behavioral Health Resource Center (BHRC)

Info: Maribel Gutierrez (909) 252-4003

Spirituality Sub-Committee

2nd Tuesday of the month

1:00-2:30 PM

Behavioral Health Resource Center (BHRC)

Info: Jennifer Gonzalez (909) 252-4004

Women's Sub-Committee

Meeting, times/dates TBA

Behavioral Health Resource Center (BHRC)

Info: Jennifer Gonzalez (909) 252-4004